AIDS NEWSLETTER

a monthly publication from the
Massachusetts Department of Public Health/Boston Department of Health and Hospitals

Vol. 5 January, 1989 No. 1

UPDATE

Reports of seventy new AIDS cases were received in December. During 1988, an average of 64 cases per month were reported; this is a 52% increase over the 42 cases per month reported in 1987.

CUMULATIVE AIDS CASES BY INSTITUTION AND YEAR OF REPORT

Institution	as of 12/31/87		as of 12/31/88	
	No.	(%)	No.	(%)
Atlanticare Medical Center	3	(0)	8	(0)
Baystate Medical Center	33	(3)	57	(3)
Berkshire Medical Center	8	(1)	11	(1)
Beth Israel Hospital	94	(8)	159	(8)
Boston City Hospital	95	(8)	180	(9)
Brigham & Women's Hospital	86	(7)	139	(7)
Cambridge Hospital	9	(1)	12	(1)
Cape Cod Hospital	9	(1)	13	(1)
Carney Hospital	15	(1)	23	(1)
Charlton Memorial Hospital	11	(1)	13	(1)
Children's Hospital	20	(2)	28	(1)
Faulkner Hospital	8	(1)	17	(1)
Fenway Community Health Center	11	(1)	34	(1)
Framingham Union Hospital	4	(0)	9	(0)
Harvard Community Health Plan	41	(3)	59	(3)
Lahey Clinic	27	(2)	42	(2)
Lawrence General Hospital	5	(0)	7	(0)
Lemuel Shattuck Hospital	28	(2)	48	(2)
Massachusetts General Hospital	167	(14)	243	(12)
Mercy Hospital	5	(0)	5	(0)
Mt. Auburn Hospital	29	(2)	40	(2)
New England Deaconess Hospital	261	(21)	348	(17)
New England Medical Center	47	(4)	76	(4)
Newton-Wellesley Hospital	8	(1)	12	(1)
Quincy City Hospital	5	(1)	8	(0)
St. Elizabeth's Hospital	14	(1)	30	(2)
St. Luke's Hospital	11	(1)	24	(1)
Salem Hospital	4	(0)	10	(1)
University Hospital	32	(3)	46	(2)
Univ. of Mass Medical Center	16	(1)	46	(2)
V.A. Medical Center	26	(2)	44	(2)
Worcester City	5	(0)	6	(0)
Worcester Memorial	9	(1)	21	(1)
Other Boston Hospitals	4	(0)	24	(1)
Other Non-Boston Hospitals	85	(7)	161	(8)
TOTAL	1235	(100)	2003	(100)

For case reporting of AIDS patients meeting the CDC definition ; please notify AIDS Epidemiologists at (617) 424-4377 (in Boston) or (617) 522-3700, ext. 482 (outside Boston).

AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

Total Cases as of 12/31/88	Massachusetts (2,003)* No.	(%)	United States (82,406) No.	(%)
Residence				
City of Boston	844	(42)		
**Remainder SMSA	471	(24)		
Remainder State	492	(24)		
Subtotal 1807				
Out-of-State	196	(10)		
Transmission Categories (Adults)	1,964		81,065	
Homosexual/Bisexual Male	1,238	(63)	50,113	(62)
I.V. Drug User	333	(17)	16,070	(20)
Homosexual Male/I.V. Drug User	80	(4)	5,844	(7)
Hemophilia	32	(2)	774	(1)
Heterosexual Cases***	164	(8)	3,570	(4)
Transfusion Blood/Components	65	(3)	2,034	(3)
None of the Above	52	(3)	2,660	(3)
Transmission Categories (<13 yrs)	39		1,341	
Parent with AIDS/at risk for AIDS	31	(79)	1,038	(77)
Hemophilia	2	(5)	83	(6)
Transfusion, Blood/Components	5	(13)	168	(13)
None of the above	1	(3)	52	(4)
Primary Diagnosis (hierarchical order)				
Pneumocystis carinii Pneumonia	1,208	(60)	49,327	(60)
Other Opportunistic Diseases	578	(29)	25,759	(31)
Kaposi's Sarcoma	217	(11)	7,320	(9)
Sex				
Male	1,792	(89)	74,852	(91)
Female	211	(11)	7,554	(9)
Condition				
Alive	1050	(52)	36,272	(44)
Dead	953	(48)	46,134	(56)
Race				
White	1,416	(71)	47,430	(58)
Black	393	(20)	21,855	(27)
Hispanic	180	(9)	12,359	(15)
Other/Unknown	14	(1)	762	(1)
Age				
Under 13	39	(2)	1,341	(1)
13-19	12	(1)	333	(0)
20-29	423	(21)	17,059	(21)
30-39	965	(48)	38,029	(46)
40-49	401	(20)	17,247	(21)
over 49	163	(8)	8,397	(10)

*Includes 233 cases meeting the revised case definition.

**Refers to the Standard Metropolitan Statistical Area within Rte 495.

***Includes 64 persons who have had heterosexual contact with high risk individuals and 100 persons born in countries in which heterosexual transmission is believed to play a major role.

ADULT AIDS CASES IN MASSACHUSETTS: ANALYSIS BY RACE, SEX, AND TRANSMISSION CATEGORY

One of the most compelling issues in Public Health today is the disproportionate impact of the AIDS epidemic on communities of color. In Massachusetts, there are 1775 cumulative cases of AIDS in adult residents: 70% of these are white, 21% are black, and 9% are hispanic. In contrast, 1980 census figures reflect that whites account for 92.3% of the state's population, blacks for 3.7%, and hispanics for 2.5%. Statewide, the annual AIDS case rate for residents age 15-49 has increased more rapidly in the black and hispanic population than it has in the white population. While case rates per 100,000 population for whites have increased from 1.0 in 1982 to 12.1 in 1988, for blacks the increase has been from 5.8 to 90.1, and the rate for hispanics has risen from 1.3 to 72.7.

Differences in gender distribution exist when the adult AIDS population is analyzed by race or ethnicity. The minority groups have a higher proportion of female AIDS, i.e. 23% of black and 12% of hispanic cases are women, as compared to 6% of whites. Although whites greatly outnumber blacks and hispanics in the general population, 47% of all adult female AIDS cases are black, 42% are white, and 11% are hispanic. Clearly, there is an exaggerated AIDS burden on women of color.

Analysis of race and sex by transmission mode highlights even more disparities. (see Table 1). Black and hispanic men are more likely to report intravenous drug use than homosexuality as a primary risk activity for HIV infection. For all male cases reporting homosexual or bisexual activity, 87% are white, 8% are black, and 5% are hispanic. Of all males reporting intravenous drug use, only 39% are white, 35% are black, and 25% are hispanic.

Table 1
MASSACHUSETTS RESIDENT ADULT AIDS CASES
As of December 31, 1988

N=1775*

	WHITE		BLACK		HISPANIC	
	Male	Female	Male	Female	Male	Female
	# %	# %	# %	# %	# %	# %
Homosex/bisexual male	963 (83)	- -	83 (29)	- -	51 (36)	- -
IVDU (hetero-& homosexual)	119 (10)	30 (41)	109 (39)	45 (54)	78 (55)	6 (30)
Heterosexual contact	6 (1)	19 (26)	78 (28)	34 (41)	5 (3)	11 (55)
Other**	75 (6)	25 (34)	12 (4)	4 (5)	9 (6)	3 (15)
TOTAL	1163 (100)	74 (100)	282 (100)	83 (100)	143 (100)	20 (100)

* There are 3 male Massachusetts residents of other ethnicity (Asian, American Indian) and 6 male and 3 female residents of unknown race/ethnicity who are not included in above table.

**Includes hemophiliacs, transfusion, and undetermined cases.

Among women with AIDS, intravenous drug use and heterosexual contact present as primary risk activities for HIV infection. The greatest percentage of white(41%) and black(54%) females report intravenous drug use, while the majority of hispanic females(55%) report heterosexual contact as predominant risk behavior. There are more white women represented in the 'other' category: this is largely a reflection of transfusion-related cases. In fact, whites account for 79% of all transfusion cases in adult women.

The transmission category titled 'heterosexual contact' is actually composed of several subcategories. Included here are individuals who state they have engaged in heterosexual activity with someone with/at risk for HIV infection, and persons born in countries where heterosexual activity is a major mode of HIV transmission. When all adult AIDS classified as heterosexually acquired are analyzed, we see that 16% are white, 73% are black, and 10% are hispanic. However, nearly 2/3 of these heterosexually acquired AIDS are persons born in the aforementioned countries. If we analyze only those patients who were not born in an endemic area, the racial distribution in the remaining subcategories of heterosexual contact is as follows: white 42%, black 34%, hispanic 24%. Similar proportions are found when we analyze for heterosexual contact with intravenous drug users.

Table 2
MASSACHUSETTS RESIDENTS, AGE 15-49
AIDS CASE RATE PER 100,000
As of December 31, 1988

	WHITE		BLACK		HISPANIC		ALL	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Male	1060	80.2	263	464.4	138	382.8	1461	103.2
Female	60	4.4	80	126.5	18	45.4	158	10.7
Total	1120	41.6	343	286.2	156	206.1	1619	56.0

A more disturbing illustration of differences by rate and gender can be found in Table 2. Among cases in the 15-49 year age group, blacks have a case rate almost 7 that for whites; that for hispanics is nearly 5 times the white rate. Moreover, rates for minority females are 29 times(black) and 10 times(hispanic) that of white females.

Table 3 (next page) demonstrates the age breakdown of adult resident AIDS cases. Non-white females (89% of blacks, 80% of hispanics) are more likely to be in the peak childbearing years of 20-39 than are white females (67%). This difference can be attributed to the relatively high

Table 3
MASSACHUSETTS RESIDENT AIDS CASES
AGE BY RACE AND SEX
As of December 31, 1988

N=1775*

Age (yrs)	WHITE		BLACK		HISPANIC	
	Male	Female	Male	Female	Male	Female
13-19	1%	0%	1%	0%	0%	0%
20-39	68%	67%	78%	89%	75%	80%
>39	30%	33%	24%	11%	25%	20%
TOTAL	100%	100%	100%	100%	100%	100%

proportion of transfusion cases in white women; almost 3/4 of such cases are in the 40 and older age group. When looking at all adult AIDS cases, it can be noted that for blacks and hispanics, larger percentages of women than men are in the 20-39 year category; however, white men and women have virtually equal representation here (68% vs 67%).

The above data serve to verify the need for prevention and service programs directed to communities of color. Sensitivity to cultural issues can be assured by involvement of community members in the development of such programs.

CALENDAR

MONDAY, FEBRUARY 27
Statewide HIV Educators Meeting. 10:00 am-3:00 pm. Department of Public Health. Lee Street. Worcester.
Topic: Sharing Our Expertise Educational Skill Building for AIDS 101. For further information contact Dave Smith at (508) 755-3773.

WEDNESDAY, MARCH 1
Adolescent AIDS Networking Breakfast. 8.00 am, Club Cafe, Columbus Avenue at East Berkley Street, Boston. To be held the first Wednesday of every month. For more information call Shoshana Rosenfeld, (617) 727-0368.

THURSDAY, MARCH 9
AIDS Networking Breakfast, 8:00 am, Club Cafe, Columbus Avenue at East Berkley Street, Boston.

A Publication of the AIDS Surveillance Program

George R. Seage III
Laurie Kunches
Jeanne Day
Beverly Heinze-Lacey
Stephanie Oddleifson
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AIDS NEWSLETTER

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Vol. 5 February, 1989 No. 2

UPDATE

Seventy-one new cases were reported to the AIDS Surveillance Program in February.

Cumulative data through the end of December 1988 was recently analyzed for the 6 New England states. At that time, 3,326 cases had been reported in these states; Massachusetts accounted for 54% and Connecticut for 32% of the total. However, Connecticut's case rate per 100,000 population (34.2) is slightly higher than that of Massachusetts (31.4).

Connecticut has the highest percent of black and hispanic cases (53%), and female cases (20%). In contrast, Maine and Vermont had not yet reported any non-white cases, and only 2% and 5% respectively of their adult cases were in women.

The largest proportion of homosexual/bisexual males is found in Maine (83%), while Connecticut and Rhode Island report the largest percentages of intravenous drug use (38% and 36% respectively). Connecticut and Rhode Island also have the highest case rates for women, while rates for adult males are highest in Massachusetts.

MASSACHUSETTS RESIDENT CASES AND CUMULATIVE INCIDENCE RATES BY COUNTY

COUNTY	NUMBER	%MA CASES	CASES PER MILLION
Berkshire	15	0.8	103.4
Bristol	68	3.6	143.3
Cape and Islands	95	5.1	586.6
Essex	121	6.5	191.0
Franklin	4	0.2	62.2
Hampden	65	3.5	146.7
Hampshire	13	0.7	93.7
Middlesex	287	15.4	209.9
Norfolk	109	5.8	179.7
Plymouth	81	4.3	199.8
Suffolk	913	49.0	1404.3
Worcester	94	5.0	145.4
TOTAL	1865	100	325.1

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AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

Total Cases as of 1/31/89	Massachusetts (2,063)* No.	(%)	United States (84,985) No.	(%)
Residence				
City of Boston	872	(42)		
**Remainder SMSA	485	(24)		
Remainder State	508	(24)		
Subtotal 1865				
Out-of-State	198	(10)		
Transmission Categories (Adults)	2,024		83,592	
Homosexual/Bisexual Male	1,273	(63)	51,581	(62)
I.V. Drug User	344	(17)	16,672	(20)
Homosexual Male/I.V. Drug User	86	(4)	6,013	(7)
Hemophilia	32	(2)	798	(1)
Heterosexual Cases***	169	(8)	3,685	(4)
Transfusion Blood/Components	67	(3)	2,081	(3)
None of the Above	53	(3)	2,762	(3)
Transmission Categories (<13 yrs)	39		1,393	
Parent with AIDS/at risk for AIDS	32	(82)	1,080	(78)
Hemophilia	2	(5)	84	(6)
Transfusion, Blood/Components	5	(13)	175	(13)
None of the above	0	(0)	54	(4)
Primary Diagnosis (hierarchical order)				
Pneumocystis carinii Pneumonia	1,246	(60)	50,670	(60)
Other Opportunistic Diseases	594	(29)	26,867	(32)
Kaposi's Sarcoma	223	(11)	7,448	(9)
Sex				
Male	1,848	(90)	77,164	(91)
Female	215	(10)	7,821	(9)
Condition				
Alive	1086	(53)	36,403	(43)
Dead	977	(47)	48,582	(57)
Race				
White	1,459	(71)	48,808	(57)
Black	405	(20)	22,579	(27)
Hispanic	185	(9)	12,817	(15)
Other/Unknown	14	(1)	781	(1)
Age				
Under 13	39	(2)	1,393	(1)
13-19	12	(1)	342	(0)
20-29	444	(22)	17,572	(21)
30-39	991	(48)	39,243	(46)
40-49	413	(20)	17,804	(21)
over 49	164	(8)	8,631	(10)

*Includes 242 cases meeting the revised case definition.

**Refers to the Standard Metropolitan Statistical Area within Rte 495.

***Includes 64 persons who have had heterosexual contact with high risk individuals and 105 persons born in countries in which heterosexual transmission is believed to play a major role.

OPPORTUNISTIC DISEASES IN MASSACHUSETTS RESIDENT AIDS CASES

For purposes of national surveillance, AIDS is defined as an illness characterized by one of the 25 "indicator" diseases, most of which are of an infectious or cancerous nature. Recently, an analysis of the prevalence of the various indicator diseases among the Massachusetts resident AIDS population was performed. All initial AIDS diagnoses are recorded in the case registry; patient records are updated if reports of additional AIDS-specific diagnoses are received from health care providers. Reporting of mycobacterial disease and Kaposi's sarcoma is most complete since reports of patients with these conditions are generated in the state's Mycobacterial Reference Laboratory and the Tumor Registry and are investigated by AIDS epidemiologists. Unfortunately, no systematic procedure for updating reports of the many other AIDS-related diseases currently exists. Therefore, the case registry may not reflect the true spectrum of morbidity in the AIDS population.

Table 1 illustrates the most prevalent indicator diseases within the Massachusetts resident AIDS population. Of the 1865 patient records analyzed, a total of 2,471 separate diagnoses were recorded for an average of 1.3 diseases per patient (or more logically, 4 diseases in every 3 patients). No differences in the number of diseases/patient were found when analyzed by race, sex, or transmission category.

The one consistency across all stratifications is the status of pneumocystis pneumonia as the most common disease. Analysis by gender demonstrates that the pattern of disease prevalence for males reflects that of the total caseload. Among females, candida esophagitis is found to be the second most common disease (23%), followed by HIV wasting syndrome (11%), while Kaposi's sarcoma is present in only 3% of female cases.

Within the two major HIV transmission categories, PCP has been reported in 64% of homosexual/bisexual men (HM) and 56% of intravenous drug users (IVDU). Proportions of most other indicator diseases are found to correspond fairly well across these two categories. However, Kaposi's sarcoma is found in 24% of cases in HM but in only 1% of cases in IVDU. Reports of candida esophagitis are found in 24% of the patient records of IVDU but in only 7% of those in HM in the Massachusetts AIDS registry. Other smaller (but statistically significant) differences are in reports of HIV wasting syndrome (4% of HM vs 7% of IVDU), and *Mycobacterium tuberculosis* (<1% of HM vs 3% of IVDU).

Analysis of the entire Massachusetts AIDS population by year of diagnosis illustrates some trends in the incidence of certain indicator diseases over time. In 1985 PCP was found in 67% of all cases; in 1988 it was found in 59% of cases. More striking is the decline in the incidence of Kaposi's sarcoma from 37% in 1984 to 8% of 1988 cases. Similarly, MAI has declined from 19% in 1984 to 4% in 1988.

TABLE 1
MOST PREVALENT AIDS INDICATOR DISEASES
IN MASSACHUSETTS AIDS CASES

As of 1/31/89

Disease	Percent of Patients with Disease			
	ALL CASES	WHITE	BLACK	HISPANIC
Pneumocystis pneumonia (PCP)	61%	64%	50%	60%
Kaposi's sarcoma (KS)	16%	21%	6%	8%
Candida esophagitis (CE)	12%	9%	21%	12%
Mycobacterium avium (MAI)	8%	8%	11%	3%
Toxoplasmosis (TOXO)	5%	4%	9%	8%
HIV wasting syndrome (WS)	5%	5%	6%	6%
Crytococcosis (CRYPTO)	6%	3%	9%	8%

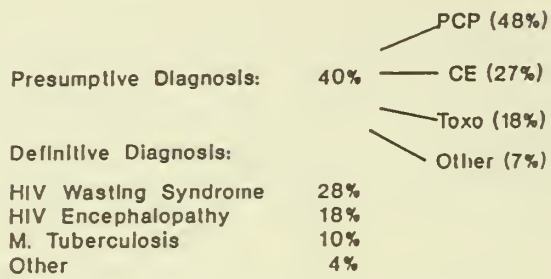
In the fall of 1987, the CDC case definition for AIDS was revised to include a broader range of indicator diseases and to allow for the presumptive diagnosis of a few specified conditions. Thus far, 229 cases have met only the revised definition; this represents 12% of all Massachusetts resident cases. The percent of total cases accounted for by the new definition has risen from 4% of 1985 cases to 24% of 1988 cases.

Diseases added to the AIDS case criteria include HIV encephalopathy, HIV wasting syndrome, disseminated tuberculosis, salmonella septicemia, and disseminated disease due to atypical mycobacteria. HIV encephalopathy was found in 4% of all patients diagnosed in 1988, and disseminated tuberculosis in 2% of these patients. HIV wasting syndrome was reported in 9% of patients diagnosed in 1988, making it the fourth most prevalent disease in that patient population. Overall, these three conditions are found in 3%, 5%, and 2% respectively of the 1865 cumulative cases recorded to date.

In order to be consistent with current diagnostic

AIDS-Related Diseases in Massachusetts

1987 Revised Definition Cases Only
February 1989, N=229



practice the revised definition now permits the reporting of diseases that have been diagnosed presumptively based on the presence of characteristic clinical and laboratory abnormalities. Two hundred nineteen such presumptive diagnoses have been recorded in Massachusetts AIDS patients to date, representing 9% of all diagnoses. Presumptive diagnoses account for 7% of all PCP, 6% of KS, and 29% of CE reports. Among the diseases of lower incidence, CMV retinitis (18 cases) and toxoplasmosis (95 cases) have proportions of presumptive diagnoses of 56% and 40% respectively; this is largely due to the technical difficulties involved in making definitive tissue diagnoses for these illnesses.

The figure to the left illustrates the distribution of all new definition cases in the Massachusetts registry. Nationally, 55% of the new definition cases have been presumptively diagnosed, 12% were diagnosed with HIV encephalopathy and 24% with wasting syndrome. It is unknown how many of these patients may eventually meet the old case definition by either being definitively diagnosed at a later time or aquiring another disease which was included in the earlier criteria. IVDU, particularly female IVDU, and other risk groups are more likely than homosexual men to be diagnosed using the new criteria.

CALENDAR

MONDAY, MARCH 27
Statewide HIV Educators Meeting, 10:00am-3:00pm, Lakeville Hospital, Lakeville. Topic: AIDS and Addiction Issues. For further information contact Gilbert White at (617) 727-0368.

WEDNESDAY, APRIL 5
Adolescent AIDS Networking Breakfast, 8:00am, Club Cafe, Columbus Avenue at East Berkley Street, Boston. To be held the first Wednesday of every month. For more information call Shoshana Rosenfeld, (617) 727-0368.

THURSDAY, APRIL 13
AIDS Networking Breakfast, 8:00am, Club Cafe, Columous Avenue at East Berkely Street, Boston.

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Vol. 5 March, 1989 No. 3

UPDATE

Seventy-one new AIDS cases were reported to the Surveillance Program in the month of February.

CUMULATIVE AIDS CASES BY INSTITUTION AND YEAR OF REPORT

Institution	as of 2/29/88 No.	(%)	as of 2/28/89 No.	(%)
Atlanticare Medical Center	4	(0)	9	(0)
Baystate Medical Center	35	(3)	60	(3)
Berkshire Medical Center	8	(1)	12	(1)
Beth Israel Hospital	97	(7)	175	(8)
Boston City Hospital	108	(8)	194	(9)
Brigham & Women's Hospital	96	(7)	152	(7)
Cambridge Hospital	10	(1)	14	(1)
Cape Cod Hospital	9	(1)	13	(1)
Carney Hospital	16	(1)	24	(1)
Charlton Memorial Hospital	11	(1)	14	(1)
Children's Hospital	21	(2)	28	(1)
Faulkner Hospital	8	(1)	17	(1)
Fenway Community Health Center	11	(1)	38	(1)
Framingham Union Hospital	6	(0)	12	(1)
Harvard Community Health Plan	41	(3)	67	(3)
Lahey Clinic	27	(2)	43	(2)
Lawrence General Hospital	5	(0)	7	(0)
Lemuel Shattuck Hospital	29	(2)	51	(2)
Massachusetts General Hospital	175	(13)	257	(12)
Mercy Hospital	5	(0)	5	(0)
Mt. Auburn Hospital	31	(2)	41	(2)
New England Deaconess Hospital	275	(21)	356	(17)
New England Medical Center	51	(4)	78	(4)
Newton-Wellesley Hospital	9	(1)	15	(1)
Quincy City Hospital	5	(1)	8	(0)
St. Elizabeth's Hospital	14	(1)	32	(2)
St. Luke's Hospital	15	(1)	29	(1)
Salem Hospital	5	(0)	10	(1)
University Hospital	34	(3)	47	(2)
Univ. of Mass Medical Center	30	(1)	52	(2)
V.A. Medical Center	28	(2)	46	(2)
Worcester City	5	(0)	6	(0)
Worcester Memorial	17	(1)	22	(1)
Other Boston Hospitals	4	(0)	26	(1)
Other Non-Boston Hospitals	99	(7)	173	(8)
TOTAL	1344	(100)	2133	(100)

For case reporting of AIDS patients meeting the CDC definition , please notify AIDS Epidemiologists at (617) 424-4377 (in Boston) or (617) 522-3700, ext. 482 (outside Boston).

AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

Total Cases as of 2/28/89	Massachusetts (2,133)* No.	(%)	United States (87,188) No.	(%)
Residence				
City of Boston	901	(42)		
**Remainder SMSA	503	(24)		
Remainder State	529	(25)		
Subtotal 1933				
Out-of-State	200	(9)		
Transmission Categories (Adults)	2,093		85,756	
Homosexual/Bisexual Male	1,313	(63)	52,758	(62)
I.V. Drug User	351	(17)	17,226	(20)
Homosexual Male/I.V. Drug User	89	(4)	6,140	(7)
Hemophilia	32	(2)	831	(1)
Heterosexual Cases***	179	(9)	3,792	(4)
Transfusion Blood/Components	70	(3)	2,136	(2)
None of the Above	59	(3)	2,873	(3)
Transmission Categories (<13 yrs)	40		1,432	
Parent with AIDS/at risk for AIDS	33	(83)	1,119	(78)
Hemophilia	2	(5)	85	(6)
Transfusion, Blood/Components	5	(13)	176	(12)
None of the above	0	(0)	52	(4)
Primary Diagnosis (hierarchical order)				
Pneumocystis carinii Pneumonia	1,285	(60)	51,960	(60)
Other Opportunistic Diseases	618	(29)	27,719	(32)
Kaposi's Sarcoma	230	(11)	7,509	(9)
Sex				
Male	1,910	(90)	79,091	(91)
Female	223	(10)	8,097	(9)
Condition				
Alive	1125	(53)	37,212	(43)
Dead	1008	(47)	49,976	(57)
Race				
White	1,504	(71)	49,945	(57)
Black	419	(20)	23,290	(27)
Hispanic	196	(9)	13,154	(15)
Other/Unknown	14	(1)	799	(1)
Age				
Under 13	40	(2)	1,432	(1)
13-19	12	(1)	350	(0)
20-29	461	(22)	18,006	(21)
30-39	1017	(48)	40,290	(46)
40-49	435	(20)	18,245	(21)
over 49	168	(8)	8,865	(10)

*Includes 257 cases meeting the revised case definition.

**Refers to the Standard Metropolitan Statistical Area within Rte 495.

***Includes 67 persons who have had heterosexual contact with high risk individuals and 112 persons born in countries in which heterosexual transmission is believed to play a major role.

EVALUATING THE MASSACHUSETTS AIDS SURVEILLANCE PROGRAM: COMPLETENESS AND TIMELINESS OF REPORTING

The AIDS Surveillance Programs (ASP) of the Massachusetts Department of Public Health and the Boston Department of Health and Hospitals work cooperatively to perform a number of activities designed to increase the accuracy of AIDS surveillance statistics. In an effort to obtain case reports of all AIDS diagnoses in the Commonwealth, ASP epidemiologists work with infection control practitioners and other reporting sources in Massachusetts hospitals, as well as outpatient clinic staff. Monthly telephone contact with reporting sources solicits case reports of newly-diagnosed cases, and biannual site visits provide support and education regarding AIDS reporting requirements, procedural aspects of reporting cases, and clarification of the CDC AIDS case definition. Hospital-specific AIDS case data is also presented to reporting sources.

ASP epidemiologists identify unreported cases by routinely reviewing Massachusetts death certificates. Deaths that may be HIV-related in individuals who are not already reported to the Surveillance Program are investigated. Other methods used to identify unreported cases include the investigation of atypical mycobacteria and extrapulmonary tuberculosis (TB) case reports, and Kaposi's Sarcoma (KS) cases in the Massachusetts Tumor Registry.

The evaluation of the quality of a surveillance program includes a measure of both the completeness of case reporting, and the timeliness of cases received. ASP epidemiologists have examined these measures in order to assess the effectiveness of the aforementioned surveillance methodologies.

Completeness: In the Summer and Fall of 1988, ASP epidemiologists visited reporting sources at all Massachusetts hospitals and outpatient clinics that had reported greater than 25 cumulative cases. The purpose of these visits was to discuss case identification and reporting methods used by the sources, to identify any unreported cases by reviewing infection control logs, and to estimate a rate of underreporting. The health care facilities that were visited have reported the majority (80%) of the state's AIDS cases to date. From reviews at 20 hospitals and clinics, 201 patients were identified as being potentially unreported. Further investigation revealed that 56 (28%) did not meet the Centers for Disease Control (CDC) AIDS case definition and were therefore not reportable, 52 (26%) had already been reported by another state, and 93 (46%) were actual unreported cases. When compared, no differences between reported and unreported cases were found by risk group, age, sex, race or old vs. revised case definition. A significant difference in underreporting rate did exist, however, among the hospital evaluated. Sixty-eight percent of the unreported cases were found at only three hospitals. Solutions to the problem of underreporting at these three hospitals were discussed and implemented.

A review of Massachusetts death certificates from 1985 through the end of 1988 yielded 54 unreported AIDS cases. A similar review of the MA Tumor Registry, and atypical mycobacterium and extrapulmonary TB case reports produced an additional five unreported cases.

With the results of these case-finding activities, a measure of completeness was calculated: the number of unreported cases was divided by the total number of cases (unreported and reported). This calculation indicates that MA AIDS case reporting is 93% complete. With 2133 cumulative cases reported in the Commonwealth as of 3/1/89, it can be estimated that close to 2300 cases have been diagnosed.

Timeliness: As another measure of the accuracy of the statistics reported by the ASP, epidemiologists monitor the timeliness of case reporting by measuring the reporting delay. A long reporting delay may signal a problem with reporting with a resultant underestimation of AIDS case numbers. Reporting delay is defined as the number of months between the diagnosis and report of a case. As part of the evaluation of the Surveillance Program, median reporting delays were calculated and stratified by risk factor, sex, race, case definition, and reporting hospital. The proportion of cases having a reporting delay of zero, one, two and six months were calculated and also stratified as above.

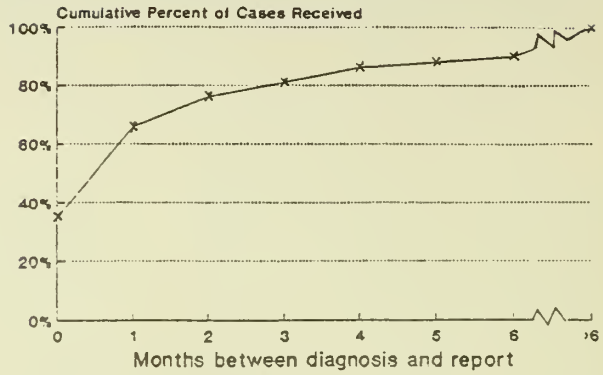
The median reporting delay over time has remained at one month, with no significant differences by risk factors, sex, race or case definition. Overall, 66% of cases are received within one month after diagnosis, and 90% are received within six months. (see figure on next page) These measures of timeliness compare favorably with a national figure of 49% of cases reported within one month after diagnosis.

Although no differences in reporting delay were found by risk factor, sex, race or case definition, differences were found by hospital of diagnosis. One MA hospital has a significantly shorter reporting delay than the overall average , and one hospital has a delay that is significantly longer. Surveillance epidemiologists are working with reporting sources at the latter hospital to make case reporting at this facility more timely.

Completeness and timeliness of case reporting reflect a measure of the quality of a surveillance program. From the studies, MA AIDS case reporting can be estimated at 93% complete with 90% of reported cases received within six months after diagnosis.

We would like to express our appreciation to those who assisted in the review of hospital infection control lists and the identification of unreported AIDS cases. We depend on the continued cooperation and support from reporting sources at hospitals, outpatient clinics and private physician offices to maintain the accuracy of Massachusetts AIDS surveillance statistics.

Massachusetts AIDS Case Reporting Delay



Based on cases reported in 1987 and 1988

CALENDAR

WEDNESDAY, MAY 3
Adolescent AIDS Networking Breakfast, 8:00 am, Club Cafe Columbus Avenue at East Berkley Street, Boston. To be held the first Wednesday of every month. For more information call Shoshana Rosenfeld. (617) 727-0368.

THURSDAY, MAY 11
AIDS Networking Breakfast, 8:00 am, Club Cafe, Columbus Avenue at East Berkley Street, Boston.

TRAIN THE TRAINER, AIDS EDUCATION WORKSHOPS:
April 26-27, May 15-16, June 12-13

A two day comprehensive course designed to train an in-house AIDS resource person or trainer for companies and organizations. The course, sponsored by the AIDS ACTION Committee, addresses emotional, medical, and legal issues of AIDS in the workplace. Management policies, education materials, and reference guides will be distributed. The workshops will take place at the John Hancock Conference Center. 40 Trinity Place. Boston. Workshop fee is $795 per registrant. For more information call 1- (800)-669-0696.

A Publication of the AIDS Surveillance Program

George R. Seage III | Jeanne Day | Stephanie Oddleifson
Laurie Kunches | Beverly Heinze-Lacey | Laurie Makarewicz

Boston Department of Health and Hospitals
House Officers Building, Room 321
818 Harrison Avenue
Boston, MA 02118

AIDS NEWSLETTER

a monthly publication from the
Massachusetts Department of Public Health/Boston Department of Health and Hospitals

Vol. 5 April, 1989 No. 4

UPDATE

Seventy new AIDS cases were reported to the AIDS Surveillance Program during the the month of March.

*NOTE: The Volume designation numbers below the masthead of the AIDS Newsletter for the months of February and March, 1989 were incorrect. The correct designations are Volume 5, Number 2, and Volume 5, Number 3, respectively. We regret any inconvenience this may have caused.

MASSACHUSETTS RESIDENT CASES AND CUMULATIVE INCIDENCE RATES BY COUNTY

COUNTY	NUMBER	%MA CASES	CASES PER MILLION
Berkshire	16	0.8	110.3
Bristol	73	3.7	153.8
Cape and Islands	98	4.9	605.1
Essex	130	6.5	205.2
Franklin	5	0.3	77.7
Hampden	74	3.7	167.0
Hampshire	14	0.7	100.9
Middlesex	314	15.7	229.7
Norfolk	117	5.9	192.9
Plymouth	86	4.3	212.1
Suffolk	969	48.5	1490.4
Worcester	101	5.1	156.3
TOTAL	1997	100	348.1

For case reporting of AIDS patients meeting the CDC definition, please notify AIDS Epidemiologists at (617) 424-4377 (in Boston) or (617) 522-3700, ext. 482 (outside Boston).

AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

Total Cases as of 3/31/89	Massachusetts (2,205)* No.	(%)	United States (90,990) No.	(%)
Residence				
City of Boston	928	(42)		
Remainder SMSA**	516	(23)		
Remainder State	553	(25)		
Subtotal 1997				
Out-of-State	208	(9)		
Transmission Categories (Adults)	2,164		89,501	
Homosexual/Bisexual Male	1,341	(62)	55,005	(61)
I.V. Drug User	376	(17)	17,999	(20)
Homosexual Male/I.V. Drug User	93	(4)	6,407	(7)
Hemophilia	32	(1)	865	(1)
Heterosexual Cases***	187	(9)	3,962	(4)
Transfusion Blood/Components	70	(3)	2,236	(2)
None of the Above	65	(3)	3,027	(3)
Transmission Categories (<13 yrs)	41		1,489	
Parent with AIDS/at risk for AIDS	33	(80)	1,168	(78)
Hemophilia	2	(5)	87	(6)
Transfusion, Blood/Components	6	(15)	181	(12)
None of the above	0	(0)	53	(4)
Sex				
Male	1,968	(89)	82,508	(91)
Female	237	(11)	8,482	(9)
Condition				
Alive	1160	(53)	38,555	(42)
Dead	1045	(47)	52,435	(58)
Race				
White	1,544	(70)	51,987	(57)
Black	442	(20)	24,328	(27)
Hispanic	204	(9)	13,811	(15)
Other/Unknown	15	(1)	864	(1)
Age				
Under 13	41	(2)	1,489	(1)
13-19	12	(1)	359	(0)
20-29	480	(22)	18,800	(21)
30-39	1051	(48)	41,985	(46)
40-49	444	(20)	19,078	(21)
over 49	177	(8)	9,279	(10)

*Includes 285 cases meeting the revised case definition.

**Refers to the Standard Metropolitan Statistical Area within Rte 495.

***Includes 70 persons who have had heterosexual contact with high risk individuals and 117 persons born in countries in which heterosexual transmission is believed to play a major role.

CDC FAMILY OF HIV SEROSURVEYS

Information on the levels and trends of Human Immunodeficiency Virus (HIV) infection is needed to anticipate future health needs, to set public policy, and to target and evaluate the impact of HIV prevention activities. In response to this need, a nationwide "Family of HIV Serosurveys" has been implemented by the Centers for Disease Control (CDC). Through standardized survey design, representative information can be obtained by blinded testing of sera collected at various settings. Voluntary testing data may not accurately reflect seroprevalence because individuals self-identify for testing.

In the United States, there are two types of surveys being conducted: population-based and clinic-based. Studies in newborns, sentinel hospital patients, military applicants, blood donors, Job Corps recruits, prisoners, and the homeless are examples of population-based surveys. Clinic-based studies are being conducted in: Sexually Transmitted Disease, Tuberculosis, Women's Health, and Drug Treatment clinics. In Massachusetts, "CDC Family of Serosurveys" activities have been jointly undertaken by Boston Department of Health and Hospitals (BDHH) and the Massachusetts Department of Public Health (MDPH).

There are 39 Standard Metropolitan Statistical Areas (SMSAs) participating in the survey. Metropolitan areas were selected on five criteria: cumulative incidence of AIDS, rates of sexually transmitted diseases, geographic representativeness , ability to carry out surveys, and willingness to participate in annual surveys. Clinics are chosen by local health officials based on number of patient visits, demographics of the population, geographic location, and willingness to participate. In the clinic-based studies both blinded and non-blinded surveys are planned. The CDC has devised protocols that detail the inclusion/exclusion criteria and sample size, etc. for each survey.

Blinded surveys make use of specimens and data already available from other sources. This minimizes self-selection bias; therefore, more valid data are obtained. Personal identifiers are permanently removed prior to HIV antibody testing, thus ensuring patient anonymity. General information on age, sex, race, and geographic location is retained, and subsequently linked to an HIV result. Data from blinded surveys assist in evaluating whether and where prevention activities are needed.

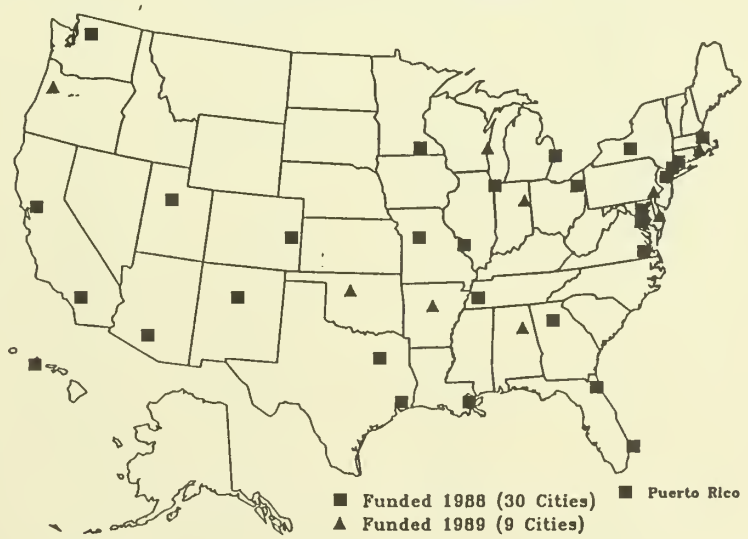
The limitations of blinded surveys are that risk factor information cannot be made so detailed as to defeat the blinding (anonymous design), and that client specific counseling cannot be offered. To surmount these obstacles, concurrent non-blinded surveys are conducted or voluntary counseling and testing services are offered. Both of these strategies determine detailed risk behavior and clients are informed of results, appropriately counseled, and can be recontacted if necessary.

In the spring of 1988, blinded CDC-sponsored seroprevalence studies were organized in metro-Boston. After several months of pilot testing, surveys were implemented in five clinic settings, which involved over 20 different sites. The HIV Laboratory of the State Laboratory Institute anticipates receiving over 17,000 serosurvey samples in 1989.

The data will be used to initiate prevention programs, to decide what types of preventive services to offer, and to prioritize targeted education. Another application of the data will be to evaluate the impact of program activities.

Questions regarding the serosurveys should be directed to George Grady, M.D., MDPH at 522-3700 or George Lamb, M.D., BDHH at 424-5264.

CDC FAMILY OF HIV SEROSURVEYS
PARTICIPATING SMSAs



CALENDAR

JUNE 4-9 V INTERNATIONAL CONFERENCE ON AIDS: "The Scientific and Social Challenge" Montreal, Quebec, Canada.
Contact: Secretariat, V International Conference on AIDS, 1010 St. Catherine St. West, Suite 628, Montreal, Quebec, Canada H3B 1G7.

WEDNESDAY, JUNE 7 Adolescent AIDS Networking Breakfast, 9-10 am, Club Cafe, Columbus Avenue at East Berkley Street, Boston. Meets first Wednesday of every month. For more information call Shoshana Rosenfeld, 617 727-0368.

THURSDAY, JUNE 8 AIDS Networking Breakfast, 8:00 am, Club Cafe, Columbus Avenue at East Berkley Street, Boston.

ANNOUNCEMENTS:

Position Available: The Veteran's Administration Medical Center has a position open for an HIV Coordinator to work out of the Brockton and West Roxbury Divisions. This individual will, among other duties, be involved in counseling, education, and follow-up of HIV positive patients. For more details, please contact Alice Skolnick, RN, 1400 VFW Parkway, West Roxbury, MA 02132 or call 323-7700 ext 5355.

Position Available. The Massachusetts Center for Disease Control has an opening for an epidemiologist to work with a team responsible for statewide AIDS surveillance activities including AIDS case reporting and a special Pediatric AIDS project. Experience in public health and epidemiology is required; an MPH is strongly preferred. Interested applicants should forward resumes to: Janet Harris, AIDS Program, Massachusetts Center for Disease Control, 305 South Street, Jamaica Plain, MA 02130.

A Publication of the AIDS Surveillance Program

George R. Seage III, Jeanne Day, Stephanie Oddleifson
Laurie Kunches, Beverly Heinze-Lacey, Laurie Makarewicz

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AIDS NEWSLETTER

a monthly publication from the
Massachusetts Department of Public Health/Boston Department of Health and Hospitals

Vol. 5 May, 1989 No. 5

UPDATE

Sixty-four new AIDS cases were reported to the Surveillance Program during the the month of April.

CUMULATIVE AIDS CASES BY INSTITUTION AND YEAR OF REPORT

Institution	as of 4/30/88 No.	(%)	as of 4/30/89 No.	(%)
Atlanticare Medical Center	4	(0)	10	(0)
Baystate Medical Center	38	(3)	68	(3)
Berkshire Medical Center	8	(1)	14	(1)
Beth Israel Hospital	112	(8)	189	(8)
Boston City Hospital	126	(9)	207	(9)
Brigham & Women's Hospital	113	(8)	159	(7)
Cambridge Hospital	10	(1)	16	(1)
Cape Cod Hospital	9	(1)	14	(1)
Carney Hospital	23	(2)	32	(1)
Charlton Memorial Hospital	12	(1)	15	(1)
Children's Hospital	23	(2)	29	(1)
Faulkner Hospital	8	(1)	20	(1)
Fenway Community Health Center	11	(1)	40	(2)
Framingham Union Hospital	8	(0)	12	(1)
Harvard Community Health Plan	43	(3)	67	(3)
Lahey Clinic	29	(2)	44	(2)
Lawrence General Hospital	5	(0)	10	(0)
Lemuel Shattuck Hospital	32	(2)	54	(2)
Massachusetts General Hospital	188	(13)	272	(12)
Mercy Hospital	5	(0)	7	(0)
Mt. Auburn Hospital	34	(2)	42	(2)
New England Deaconess Hospital	281	(19)	375	(17)
New England Medical Center	55	(4)	82	(4)
Newton-Wellesley Hospital	10	(1)	15	(1)
Quincy City Hospital	6	(0)	9	(0)
St. Elizabeth's Hospital	17	(1)	33	(2)
St. Luke's Hospital	17	(1)	34	(1)
Salem Hospital	6	(0)	10	(0)
University Hospital	36	(3)	48	(2)
Univ. of Mass Medical Center	31	(1)	54	(2)
V.A. Medical Center	32	(2)	47	(2)
Worcester City	5	(0)	9	(0)
Worcester Memorial	17	(1)	22	(1)
Other Boston Hospitals	4	(0)	28	(1)
Other Non-Boston Hospitals	111	(8)	182	(8)
TOTAL	1469	(100)	2269	(100)

For case reporting of AIDS patients meeting the CDC definition , please notify AIDS Epidemiologists at (617) 424-4377 (in Boston) or (617) 522-3700, ext. 482 (outside Boston).

AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

Total Cases as of 4/30/89	Massachusetts (2,269)* No.	(%)	United States (94,280) No.	(%)
Residence				
City of Boston	953	(42)		
Remainder SMSA**	527	(23)		
Remainder State	574	(25)		
Subtotal 2054				
Out-of-State	215	(9)		
Transmission Categories (Adults)	2,228		92,719	
Homosexual/Bisexual Male	1,385	(62)	56,783	(61)
I.V. Drug User	388	(17)	18,819	(20)
Homosexual Male/I.V. Drug User	94	(4)	6,620	(7)
Hemophilia	32	(1)	888	(1)
Heterosexual Cases***	191	(9)	4,128	(4)
Transfusion Blood/Components	70	(3)	2,294	(2)
None of the Above	68	(3)	3,187	(3)
Transmission Categories (<13 yrs)	41		1,561	
Parent with AIDS/at risk for AIDS	33	(80)	1,233	(79)
Hemophilia	2	(5)	89	(6)
Transfusion, Blood/Components	6	(15)	184	(12)
None of the above	0	(0)	55	(4)
Sex				
Male	2,028	(89)	85,418	(91)
Female	241	(11)	8,862	(9)
Condition				
Alive	1192	(53)	39,878	(42)
Dead	1077	(47)	54,402	(58)
Race				
White	1,592	(70)	53,759	(57)
Black	453	(20)	25,276	(27)
Hispanic	208	(9)	14,358	(15)
Other/Unknown	16	(1)	887	(1)
Age				
Under 13	41	(2)	1,561	(1)
13-19	12	(1)	372	(0)
20-29	486	(21)	19,440	(21)
30-39	1090	(48)	43,501	(46)
40-49	456	(20)	19,778	(21)
over 49	184	(8)	9,628	(10)

*Includes 300 cases meeting the revised case definition.

**Refers to the Standard Metropolitan Statistical Area within Rte 495.

***Includes 72 persons who have had heterosexual contact with high risk individuals and 118 persons born in countries in which heterosexual transmission is believed to play a major role.

MASSACHUSETTS "SURVEILLANCE OF HIV IN CHILDREN" (SHIVIC) PROJECT

The fact that reports of full-blown AIDS represent just a small percentage of total HIV-1 infection is even more problematic for pediatric cases than for other groups. There is a growing awareness that the current surveillance/reporting procedures for pediatric AIDS do not accurately reflect the extent of pediatric HIV-related disease. Pediatric AIDS may be underreported because an AIDS diagnosis can be very difficult to make in children; this is particularly true in infants under 15 months of age when the presence of HIV antibody may or may not indicate true infection. In addition, many children may be symptomatic but never meet the reporting criteria. As of May 1, 1989, 33 cases of AIDS in children under the age of 13 have been reported in Massachusetts. Eighty-two percent of these children were born to a parent at risk for AIDS; in most cases that risk was associated with intravenous drug use or parental origin in a country where heterosexual transmission of HIV is believed to be common.

Since most transmission to children occurs in a perinatal context, trends in data from ongoing anonymous seroprevalence studies of Massachusetts newborns provide a good index of possible future trends in pediatric AIDS cases. In 1988, the statewide Newborn Screening Program found that 2.5 of every 1,000 infants were positive for HIV antibody (reflecting maternal antibody status), or 224 of the 88,924 births. Of this 224, if a 40% true infection rate is estimated, there would be 90 HIV-infected children in that cohort who may go on to develop related disease. Lesser numbers of infected infants are assumed to have been born in each preceding year, but the total could be as many as 150-250. Estimates from major clinical centers are that approximately 150 HIV infected children are currently under care, although this does not reflect only perinatal AIDS so comparisons with the previously mentioned number must be undertaken with caution.

In order to assess the adequacy of the pediatric AIDS case defintion, and to determine the extent and the natural history of HIV disease in children, the Massachusetts Department of Public Health has been funded by the Centers for Disease Control in Atlanta to initiate a surveillance project. In the "SHIVIC" project, children identified as HIV positive at a particular point in time will be followed prospectively for three years. Information collected will reflect the clinical status of a child over time, as well as the nature, patterns, and cost of health care utilization.

Four hospitals across the state have thus far reported 70% of all pediatric AIDS cases; these facilities have agreed to serve as study centers for the prospective component of the project. Research nurses affiliated with the hospital's clinical service will conduct comprehensive medical record reviews on each child in the study and will record followup information in a standardized format. Strict confidentiality will be maintained. Data will include patient demographics, pertinent laboratory and clinical findings, medical history, sources of medical care (inpatient vs. outpatient), treatment and outcome. An alpha-numeric code (assigned by the hospital study nurse) together with the date of birth will be matched with the statewide AIDS case registry to determine whether the child had been reported to have AIDS. Individuals not included in the case registry will be followed to determine future reportability if their disease fulfills case definition criteria.

In order to make the study results more generalizable, a systematic survey will be made throughout the state of other pediatric practitioners and medical facilities. All pediatricians, family practitioners, and infectious disease physicians identified from the the statewide directory of physicians will be asked to complete a survey questionnaire. Information about the number of children with HIV infection under care will be sought. This survey will most likely help to locate some HIV infected children who are not being seen at one of the four participating hospitals. Other practitioners or facilities may at some point be enrolled as participants in the core study depending upon the number of HIV-infected children discovered through the survey.

Five other sites in the United States have been funded by CDC to conduct the pediatric HIV surveillance project. Information from all project areas will be collected in a standardized fashion so data can be merged. The results should provide a more accurate picture of the extent of pediatric HIV-related morbidity and service needs, and will affect decisions about an optimal case-definition and surveillance methodology.

CALENDAR

WEDNESDAY, JULY 5 Adolescent AIDS Networking Breakfast. 9-10 am. Club Cafe. Columbus Avenue at East Berkley Street, Boston To be held the first Wednesday of every month. For more information call Shoshana Rosenfeld. (617) 727-0368

THURSDAY, JULY 13 AIDS Networking Breakfast. 8.00 am.. Club Cafe. Columbus Avenue at East Berkley Street, Boston.

ANNOUNCEMENTS:

Position Available The VNA of Greater Lynn is currently seeking an MSW to work with the AIDS Home Care/Hospice Program. Individual will provide counseling, support and advocacy to patients and their families in the home, as well as work closely with the home care staff in coordinating cases and providing support. Opportunities are available to see other patients in the case load. Hours are flexible (up to 20/week) If interested please contact Debra Small or Chris Moody at (617) 598-2454.

AZT REIMBURSMENT PLAN (ARP) OF MASSACHUSETTS

Thanks to additional federal funding, the AZT Reimbursement Plan (ARP) of Massachusetts has been extended and expanded to include two new drugs The enrollment period is now open until September 30, 1989 Besides AZT the program will include reimbursement for aerosolized pentamidine—a prophylaxis for Pneumocystis carinii pneumonia , and alpha interferon—a treatment for Kaposi's Sarcoma

ARP's goal is to make these prescribed treatments available to people with partial or no insurance coverage. ARP is designed for those who do not qualify for the Massachusetts Medicaid program To be eligible for ARP the applicant must be referred by his or her physician and meet income eligibility requirements Eligibility determination and reimbursement will take place through a confidential process

For more information, or to request an application, call the ARP coordinator, Philip Olander, at 617 727-0368

A Publication of the AIDS Surveillance Program

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Laurie Kunches, Beverly Heinze-Lacey, Laurie Makarewicz

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AIDS NEWSLETTER

a monthly publication from the
Massachusetts Department of Public Health/Boston Department of Health and Hospitals

Vol. 5 June, 1989 No. 6

UPDATE

Sixty new AIDS cases were reported to the Surveillance Program during the the month of May.

In the United States, 4,305 of the reported AIDS cases in adults have been due to heterosexual contact; 1,806 (42%) are male, 2,499 (58%) are female. Of the males, the largest proportion (58%) are those born in countries where heterosexual transmission is believed to play a major role (pattern II countries), followed by 31% who reported sexual contact with an intravenous drug user (IVDU). An additional 11% of men reported other risk exposures including sex with a hemophiliac, transfusion recipient, or person with documented HIV infection. For U.S. females, the primary risk exposure for heterosexual transmission is sex with an IVDU (61%), followed by 15% who were born in a pattern II country, 11% who report sex with a bisexual man, and the remaining 13% reporting other exposures.

In Massachusetts, 185 cases of AIDS due to adult heterosexual contact have been reported. One hundred eleven (60%) are men, and 74 (40%) are women. Among Massachusetts men acquiring AIDS via heterosexual contact, 82% were born in pattern II countries, and 15% reported sex with an IVDU. For the state's female residents, the greatest proportion (51%) of heterosexual cases are due to sex with an IVDU, followed by 31% who were born in pattern II countries. To date, no cases of heterosexual AIDS in Massachusetts have been due to sexual contact with a recipient of blood or blood products.

MASSACHUSETTS RESIDENT CASES AND CUMULATIVE INCIDENCE RATES BY COUNTY

COUNTY	NUMBER	%MA CASES	CASES PER MILLION
Berkshire	17	0.8	117.2
Bristol	80	3.8	168.5
Cape and Islands	103	4.9	635.9
Essex	137	6.5	216.2
Franklin	6	0.3	93.3
Hampden	80	3.8	180.6
Hampshire	14	0.7	100.9
Middlesex	329	15.6	240.7
Norfolk	126	6.0	207.7
Plymouth	90	4.3	222.0
Suffolk	1026	48.6	1578.1
Worcester	104	4.9	160.9
TOTAL	2112	100	368.1

For case reporting of AIDS patients meeting the CDC definition , please notify AIDS Epidemiologists at (617) 424-4377 (in Boston) or (617) 522-3700, ext. 482 (outside Boston).

AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

Total Cases as of 5/31/89	Massachusetts (2,329)* No.	(%)	United States (97,193) No.	(%)
Residence				
City of Boston	982	(42)		
**Remainder SMSA	542	(23)		
Remainder State	588	(25)		
Subtotal 2112				
Out-of-State	217	(9)		
Transmission Categories (Adults)	2,287		95,561	
Homosexual/Bisexual Male	1,420	(62)	58,389	(61)
I.V. Drug User	398	(17)	19,497	(20)
Homosexual Male/I.V. Drug User	97	(4)	6,824	(7)
Hemophilia	35	(2)	912	(1)
Heterosexual Cases***	195	(9)	4,305	(5)
Transfusion Blood/Components	71	(3)	2,361	(2)
None of the Above	71	(3)	3,273	(3)
Transmission Categories (<13 yrs)	42		1,632	
Parent with AIDS/at risk for AIDS	34	(81)	1,293	(79)
Hemophilia	2	(5)	94	(6)
Transfusion, Blood/Components	6	(14)	189	(12)
None of the above	0	(0)	56	(3)
Sex				
Male	2,083	(89)	87,988	(91)
Female	246	(11)	9,205	(9)
Condition				
Alive	1215	(52)	40,725	(42)
Dead	1114	(48)	56,468	(58)
Race				
White	1,631	(70)	55,288	(57)
Black	466	(20)	26,148	(27)
Hispanic	214	(9)	14,836	(15)
Other/Unknown	18	(1)	921	(1)
Age				
Under 13	42	(2)	1,632	(1)
13-19	12	(1)	381	(0)
20-29	496	(21)	19,990	(21)
30-39	1123	(48)	44,843	(46)
40-49	470	(20)	20,407	(21)
over 49	186	(8)	9,940	(10)

*Includes 312 cases meeting the revised case definition.

**Refers to the Standard Metropolitan Statistical Area within Rte 495.

***Includes 76 persons who have had heterosexual contact with high risk individuals and 119 persons born in countries in which heterosexual transmission is believed to play a major role.

HIV COUNSELING AND TESTING SERVICES

The Massachusetts Department of Public Health provides counseling and testing services for individuals who are concerned about possible exposure to Human Immunodeficiency Virus (HIV). The Department provides confidential testing services for patients examined in Sexually Transmitted Disease (STD) clinics and testing for individuals concerned about anonymity through the Anonymous Test Site (ATS) Program. Below is a listing of confidential and anonymous counseling and testing centers; clinics offering services in other languages are noted (*). Clinics run on either a scheduled or walk-in basis. For information about any of the sites or to schedule an appointment, clients may call collect, using any name, 617-522-4090, Monday thru Friday from 9-5.

ATS PROGRAM

SCHEDULED APPOINTMENTS

Metropolitan Boston
- Massachusetts General Hospital, Boston
- Fenway Community Health Center, Boston
- Upham's Corner Health Center, Dorchester
- Somerville Hospital, Somerville
- Lawrence Memorial Hospital, Lawrence
- Cambridge City Hospital, Cambridge

Northeast Region
- *Haverhill Board of Health, Haverhill
- Atlanticare, Lynn
- Healthquarters, Beverly

Western Massachusetts
- University of Massachusetts Health Services, Amherst
- Baystate Medical Services, Springfield
- Red Cross, Pittsfield
- Family Planning of Western Massachusetts, Holyoke (To open in early Fall '89)

Cape Cod
- Outer Cape Health Center, Provincetown

WALK-IN APPOINTMENTS

Metropolitan Boston

*Boston City Hospital, Boston — Tues 1-3, Wed 1-3, Fri 1-3
Ambulatory Care Center
Public Health Clinic, 3rd Floor
617-424-5000

*Dimock Community Health Center, Boston — Thurs 4-7
Linda Richards Building, X-ray Dept
617-442-3800

Southeast Region

*Stanley Street Treatment Center, Fall River — Tues 3-6, Wed 4-8, Fri 9-11
386 Stanley Street
Ask for ATS Clinic
508-679-5222

Central Massachusetts

Framingham Union Hospital, Framingham — Tues 8:30-12:30
Public Health Clinic
Ask for LuAnn Karb, RN
508-626-3540

Worcester City Hospital, Worcester — Thurs 12-4
Public Health Clinic
Ask for Anne Decelles, RN
508-799-8276

Western Massachusetts

*Brightwood Riverview Health Center, Springfield — Wed 9-12
103 Division Street
Ask for Pura
413-784-4458

STD CLINICS

SCHEDULED APPOINTMENTS

Metropolitan Boston
- Beth Israel Hospital, Boston

Western Massachusetts
- Berkshire Medical, Pittsfield

WALK-IN APPOINTMENTS

Metropolitan Boston

Beth Israel Hospital, Boston — Mon 1-4, Tues 9-11:30, 1-4, 5:30-8, Wed, Fri 9-11:30, 1-4, Thurs 1-4, 5:30-8
Ask for Carol London, RN
617-735-4087

Boston City Hospital, Boston — Mon-Fri 8:30-10:30, Mon, Thurs 1-2
Ask for Diane Duffy, RN
617-424-4081

Massachusetts General Hospital, Boston — Mon-Fri 8:30-11
Ask for Melinda Sohval, RN
617-726-2748

Northeast Region

*St. Joseph's Hospital, Lowell — Tues 3:30-5:30, Thurs 11:30-1
Ask for Connie Niedzwiecki, RN
508-453-1761 ext.1625

Atlanticare Hospital, Lynn — Tues 3:30-4:30, Thurs 4-5:30
Ask for Kay Suleski, RN
617-595-5463

*Holy Family Hospital, Methuen — Wed 4-5:30
Ask for Mylene Cassell, RN
508-687-0151 ext. 2432

Southeast Region

*Saint Luke's Hospital, New Bedford — Mon 9-11, Thurs 12-2
Ask for Rosa Hernandez, RN
508-992-3855

Brockton Hospital, Brockton — Mon, Thurs 5-6:30
Ask for Ellen Arenburg, RN
508-584-1200

Central Massachusetts

Framingham Union Hospital, Framingham — Mon 6-8, Fri 1-3:30
Ask for LuAnn Karb, RN
508-626-3540

Worcester City Hospital, Worcester — Mon-Fri 8-10:30, Tues 5:15-6:30
Ask for Anne Decelles, RN
508-799-8276

Western Massachusetts

*Springfield Health Dept, Springfield — Mon 10-11:30, 3-5, Tues 10-11:30, 1-3, Thurs 10-11:30
Ask for Vickie Watson, RN
413-787-6129

SUPPORT SERVICES FOR PEOPLE TESTING HIV POSITIVE

The Department of Public Health also runs a 3 week anonymous support group for people whom have tested positive for HIV. Information can be obtained by contacting:

Boston & Central MA: Chris Keefe 617-348-1119
Western MA: Emily Fox 413-562-7583

SERVICES FOR INTRAVENOUS DRUG USERS

The Department of Public Health and the Boston Department of Health and Hospitals fund a program based at Boston City Hospital that offers HIV counseling and testing for IV drug users, their sexual partners, and needle-sharing contacts. The center is located in the first floor of the Children's Building and is open Monday through Friday, from 8:30 to 4:00 pm. Support groups are held on Tuesday evenings from 6-7:15 pm. and on Wednesdays a support group for Spanish-speaking individuals is held from 6-7:15 pm. For more information, please call (617) 424-4495.

CALENDAR

WEDNESDAY, AUGUST 2 Adolescent AIDS Networking Breakfast, 9-10 am, Club Cafe, Columbus Avenue at East Berkley Street, Boston. To be held the first Wednesday of every month. For more information call Shoshana Rosenfeld, (617) 727-0368.

THURSDAY, AUGUST 10 AIDS Networking Breakfast 8:00 am, Club Cafe, Columbus Avenue at East Berkley Street, Boston.

A Publication of the AIDS Surveillance Program

George R. Seage III, Jeanne Day, Stephanie Oddleifson
Laurie Kunches, Beverly Heinze-Lacey, Laurie Makarewicz

Boston Department of Health and Hospitals
House Officers Building, Room 321
818 Harrison Avenue
Boston, MA 02118

AIDS NEWSLETTER

a monthly publication from the
Massachusetts Department of Public Health/Boston Department of Health and Hospitals

Vol. 5 July, 1989 No. 7

UPDATE

Sixty-seven new AIDS cases were reported to the Surveillance Program during the the month of June.

CUMULATIVE AIDS CASES BY INSTITUTION AND YEAR OF REPORT

Institution	as of 7/1/88 No.	(%)	as of 7/1/89 No.	(%)
Atlanticare Medical Center	5	(0)	10	(0)
Baystate Medical Center	43	(3)	71	(3)
Berkshire Medical Center	9	(1)	14	(1)
Beth Israel Hospital	132	(8)	196	(8)
Boston City Hospital	135	(8)	214	(9)
Brigham & Women's Hospital	123	(8)	169	(7)
Cambridge Hospital	10	(1)	16	(1)
Cape Cod Hospital	11	(1)	15	(1)
Carney Hospital	23	(1)	32	(1)
Charlton Memorial Hospital	12	(1)	15	(1)
Children's Hospital	24	(2)	32	(1)
Faulkner Hospital	10	(1)	20	(1)
Fenway Community Health Center	19	(1)	55	(2)
Framingham Union Hospital	8	(1)	14	(1)
Harvard Community Health Plan	48	(3)	76	(3)
Lahey Clinic	33	(2)	44	(2)
Lawrence General Hospital	5	(0)	12	(1)
Lemuel Shattuck Hospital	33	(2)	60	(3)
Massachusetts General Hospital	200	(13)	285	(12)
Mercy Hospital	5	(0)	7	(0)
Mt. Auburn Hospital	36	(2)	46	(2)
New England Deaconess Hospital	288	(18)	383	(16)
New England Medical Center	58	(4)	93	(4)
Newton-Wellesley Hospital	11	(1)	15	(1)
Quincy City Hospital	6	(0)	9	(0)
St. Elizabeth's Hospital	19	(1)	37	(2)
St. Luke's Hospital	18	(1)	34	(1)
Salem Hospital	7	(0)	10	(0)
University Hospital	42	(3)	48	(2)
Univ. of Mass Medical Center	36	(2)	54	(2)
V.A. Medical Center	38	(2)	49	(2)
Worcester City	5	(0)	10	(0)
Worcester Memorial	17	(1)	22	(1)
Other Boston Hospitals	10	(1)	31	(1)
Other Non-Boston Hospitals	120	(8)	198	(8)
TOTAL	1599	(100)	2396	(100)

For case reporting of AIDS patients meeting the CDC definition , please notify AIDS Epidemiologists at (617) 424-4377 (in Boston) or (617) 522-3700, ext. 482 (outside Boston).

AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

Total Cases as of 6/30/89	Massachusetts (2,396)* No.	(%)	United States (99,936) No.	(%)
Residence				
City of Boston	1012	(42)		
**Remainder SMSA	558	(23)		
Remainder State	608	(25)		
Subtotal 2178				
Out-of-State	218	(9)		
Transmission Categories (Adults)	2,352		98,255	
Homosexual/Bisexual Male	1,460	(62)	60,007	(61)
I.V. Drug User	414	(18)	20,084	(20)
Homosexual Male/I.V. Drug User	101	(4)	6,982	(7)
Hemophilia	35	(1)	948	(1)
Heterosexual Cases***	197	(8)	4,458	(5)
Transfusion Blood/Components	72	(3)	2,414	(2)
None of the Above	73	(3)	3,362	(3)
Transmission Categories (<13 yrs)	44		1,681	
Parent with AIDS/at risk for AIDS	36	(82)	1,334	(79)
Hemophilia	2	(5)	96	(6)
Transfusion, Blood/Components	6	(14)	195	(12)
None of the above	0	(0)	56	(3)
Sex				
Male	2,140	(89)	90,449	(91)
Female	256	(11)	9,487	(9)
Condition				
Alive	1237	(52)	41,922	(42)
Dead	1159	(48)	58,014	(58)
Race				
White	1,683	(70)	56,806	(57)
Black	471	(20)	26,916	(27)
Hispanic	223	(9)	15,271	(15)
Other/Unknown	19	(1)	943	(1)
Age				
Under 13	44	(2)	1,681	(1)
13-19	12	(1)	389	(0)
20-29	505	(21)	20,545	(21)
30-39	1157	(48)	46,144	(46)
40-49	486	(20)	20,993	(21)
over 49	192	(8)	10,184	(10)

*Includes 329 cases meeting the revised case definition.

**Refers to the Standard Metropolitan Statistical Area within Rte 495.

***Includes 77 persons who have had heterosexual contact with high risk individuals and 120 persons born in countries in which heterosexual transmission is believed to play a major role.

GUIDELINES FOR PROPHYLAXIS AGAINST PNEUMOCYSTIS CARINII PNEUMONIA FOR PERSONS INFECTED WITH HUMAN IMMUNODEFICIENCY VIRUS

Pneumocystis carinii pneumonia (PCP) is a major cause of morbidity and mortality among HIV infected persons. PCP is the most common presenting manifestation of AIDS; nearly 60% of Massachusetts AIDS case reports to date (1,425 of 2,396) involve PCP. Despite advances in treatment, mortality rates for first episodes of PCP are still 5% to 20%.

On July 16, 1989 the U.S. Centers for Disease Control (CDC) issued a Morbidity and Mortality Weekly Report (MMWR.1989;38:- Supplement 5) entitled "Guidelines for Prophylaxis Against Pneumocystis carinii Pneumonia for Persons Infected with the Human Immunodeficiency Virus." The guidelines contain recommendations developed for the U.S. Public Health Service by a panel of experts convened by the National Institutes of Health.

Preliminary data from several studies indicate that persons with decreased absolute or relative number of peripheral T-helper lymphocytes (CD4+) are at risk of developing PCP. Data also show that prophylactic therapy with certain antimicrobial agents appears to decrease the risk of initial or recurrent episodes of PCP. The following recommendations are made concerning PCP prophylaxis:

1. Unless contraindicated,PCP prophylaxis is recommended for all HIV infected persons with:
a. History of a prior episode of PCP, or
b. Total CD4+ count below 200/cu mm, or
c. Percent CD4+ count below 20% of lymphocytes.

2. Monitoring of total or percent CD4+ counts at least every six months is recommended for HIV infected persons, to determine eligibility for PCP prophylaxis.

3. Regimens recommended for PCP prophylaxis include:
a. Oral trimethoprim-sulfamethoxazole(TMP-SMX), 160 mg TMP and 800 mg SMX twice daily with 5 mg leucovirin once daily, or
b. Aerosolized pentamidine (AP), 300 mg every four weeks via the Respirgard II jet nebulizer.

4. Seropositive persons should be advised of these recommendations and assisted in obtaining referral for further medical follow-up, including evaluation of immune function.

5. Evaluation to exclude certain active pulmonary diseases, including tuberculosis, should be performed prior to initiation of PCP prophylaxis. Tuberculin skin testing (Mantoux, 5-TU, PPD) should be performed prior to initiation of PCP prophylaxis as for other HIV infected persons.

6. Health care providers who administer AP should be aware of occupational safety considerations related to aerosol delivery systems and potential for transmission of airborne diseases, including tuberculosis.

The MMWR guidelines further elaborate on evaluation of patients for PCP prophylaxis. CDC recommends that CD4+ cell count should be obtained more frequently than 6 month intervals in patients with: a.) fever or thrush; b.) a recent rapid decline in CD4+ cell count; c.) percent CD4+ cells of 20-30; or 4.) a CD4+ cell count of 200-300/cu mm. In cases where absolute CD4+ count and percent CD4+ count are discordant (i.e. total CD4+ count less than 200/cu mm with percent CD4+ count above 20%, or vice versa), the guidelines state that patients may be assumed to be at high risk for PCP if, after reconfirming the CD4+ counts, either parameter is in the high-risk range.

The guidelines also state that because safety in pregnancy has not been established for either aerosol pentamidine or oral TMP/SMX prophylaxis. it is inadvisable to give either agent to HIV-infected pregnant women. Insufficient data on efficacy or toxicity of prophylactic regimens for pediatric patients at present precludes the development of scientifically validated guidelines for PCP prophylaxis. However, the MMWR guidelines indicate that reasonable consensus exists that some form of PCP prophylaxis is warranted for HIV-infected pediatric patients on the basis of criteria analogous to those described for adults, and suggestions for appropriate dosage of oral TMP-SMX are provided.

It is anticipated that these recommendations will increase demand for HIV testing by persons who believe they may be at risk of infection and that demand for medical services by asymptomatic seropositive persons will increase, as the medical benefits of prophylaxis become recognized.

Listed below are phone numbers to call for answers to questions in particular topic areas.

FOR INFORMATION ON:

- Technical aspects of pentamidine aerosol administration, call
  U.S. FDA Treatment IND
  1-800-727-7003

- Availability of financial assistance for aerosolized pentamidine, call
  MDPH AZT/AP Reimbursement Program
  (617) 727-0368

- Reducing risk of airborne tuberculosis transmission associated with medical diagnostic or therapeutic procedures, call
  MDPH Tuberculosis Control Program
  (617) 522-3700 ext 450

- Additional copies of the MMWR guidelines, call
  National AIDS Info. Clearinghouse
  1-800-458-5231

- Investigational trials for prophylaxis and treatment of PCP or other AIDS related disease, call
  MDPH Clinical Trials Registry
  1-800-443-AIDS(2437)
  NIAID Clinical Trials Hotline
  1-800-TRIALS-A (874-2572)
  Amer. Fndn. for AIDS Research
  (212) 719-0033

CALENDAR

WEDNESDAY, SEPTEMBER 6 Adolescent AIDS Networking Breakfast. 9-10 am. Club Cafe, Columbus Avenue at East Berkley Street, Boston. To be held the first Wednesday of every month. For more information call Shoshana Rosenfeld. (617) 727-0368

THURSDAY, SEPTEMBER 14 AIDS Networking Breakfast. 8.00 am.. Club Cafe. Columbus Avenue at East Berkley Street, Boston.

ANNOUNCEMENTS:

For suggestions/comments about newsletter content, or to submit items for the calendar of events. please contact Laurie Makarewicz at (617) 522-3700 ext. 482.

For **case reporting** of AIDS patients meeting the CDC case definition. please notify:

in Boston:

Stephanie Oddlefifson, M.P.H.
AIDS Epidemiologist
House Officers Building
Room 309
818 Harrison Avenue
Boston, MA 02118
Telephone:(617) 424-4377

in rest of Mass:

Laurie Makarewicz, M.S.
AIDS Epidemiologist
Mass. Dept. of Public Health
State Laboratory Institute
305 South Street
Jamaica Plain, MA 02130
Telephone: (617) 522-3700 ext. 482

Case reports should be made only to the above individuals. reporting to local boards of health is <u>not</u> required.

A Publication of the AIDS Surveillance Program

George R. Seage III **Jeanne Day** **Stephanie Oddleifson**
Laurie Kunches **Beverly Heinze-Lacey** **Laurie Makarewicz**

Boston Department of Health and Hospitals
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AIDS NEWSLETTER

a monthly publication from the
Massachusetts Department of Public Health/Boston Department of Health and Hospitals

Vol. 5 August, 1989 No. 8

UPDATE

Seventy-six new AIDS cases were reported to the Surveillance Program in the month of July. Eight of these cases (11%) were diagnosed as outpatients and reported from private physicians' offices or outpatient clinics. The trend toward increasing occurence of outpatient diagnosis of AIDS cases has the potential to severely limit the effectiveness of the current AIDS surveillance system as it exists in Massachusetts. In this state, surveillance is primarily hospital-based, and relies heavily upon the cooperation of the infection control practitioners. Cases of AIDS diagnosed in an outpatient practice may be less likely to be reported because of a lack of a centralized reporting mechanism. In the coming year, the Surveillance Program will be conducting outreach to sites where patients may be diagnosed as outpatients, to educate providers about case reporting protocol. The cooperation of health care professionals who are diagnosing AIDS in an outpatient setting is essential for accurate monitoring of the epidemic.

MASSACHUSETTS RESIDENT CASES
AND CUMULATIVE INCIDENCE RATES BY COUNTY

COUNTY	NUMBER	%MA CASES	CASES PER MILLION
Berkshire	18	0.8	124.0
Bristol	89	4.0	187.5
Cape and Islands	109	4.9	673.0
Essex	144	6.4	227.3
Franklin	8	0.4	124.4
Hampden	88	3.9	198.6
Hampshire	15	0.7	108.1
Middlesex	352	15.6	257.5
Norfolk	133	5.9	219.3
Plymouth	95	4.2	234.3
Suffolk	1087	48.3	1671.9
Worcester	113	5.0	174.8
TOTAL	2251	100	392.4

For case reporting of AIDS patients meeting the CDC definition , please notify AIDS Epidemiologists at (617) 424-4377 (in Boston) or (617) 522-3700, ext. 482 (outside Boston).

AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

Total Cases as of 7/31/89	Massachusetts (2,472)* No.	(%)	United States (102,621) No.	(%)
Residence				
City of Boston	1037	(42)		
**Remainder SMSA	578	(23)		
Remainder State	636	(26)		
Subtotal 2251				
Out-of-State	221	(9)		
Transmission Categories (Adults)	2,424		100,885	
Homosexual/Bisexual Male	1,495	(62)	61,614	(61)
I.V. Drug User	432	(18)	20,619	(20)
Homosexual Male/I.V. Drug User	104	(4)	7,173	(7)
Hemophilia	36	(1)	968	(1)
Heterosexual Cases***	206	(8)	4,595	(5)
Transfusion Blood/Components	74	(3)	2,472	(2)
None of the Above	77	(3)	3,444	(3)
Transmission Categories (<13 yrs)	48		1,736	
Parent with AIDS/at risk for AIDS	40	(83)	1,385	(80)
Hemophilia	2	(4)	98	(6)
Transfusion, Blood/Components	6	(13)	196	(12)
None of the above	0	(0)	57	(3)
Sex				
Male	2,204	(89)	92,855	(91)
Female	268	(11)	9,766	(9)
Condition				
Alive	1285	(52)	42,870	(42)
Dead	1187	(48)	59,391	(58)
Race				
White	1,724	(70)	58,240	(57)
Black	492	(20)	27,667	(27)
Hispanic	237	(10)	15,733	(15)
Other/Unknown	19	(<1)	981	(1)
Age				
Under 13	48	(2)	1,736	(1)
13-19	13	(1)	399	(0)
20-29	515	(21)	21,039	(21)
30-39	1195	(48)	47,365	(46)
40-49	504	(20)	21,590	(21)
over 49	197	(8)	10,492	(10)

*Includes 350 cases meeting the revised case definition.

**Refers to the Standard Metropolitan Statistical Area within Rte 495.

***Includes 80 persons who have had heterosexual contact with high risk individuals and 126 persons born in countries in which heterosexual transmission is believed to play a major role.

THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH AIDS CLINICAL TRIALS REGISTRY

Clinical trials are medical studies conducted on groups of people in clinics, hospitals, or in offices of private physicians, to determine the usefulness of new drugs or prodedures developed to treat a particular disease. These human studies are initiated only after a promising agent has been subject to in vitro laboratory studies and animal research. Clinical trials proceed through a well-established sequence that begins with small-scale safety studies and ends with large-scale controlled trials designed to evaluate efficacy.

The initial clinical trials are generally termed Phase I studies. Phase I trials (safety studies) enroll small numbers of subjects and attempt to establish a dosage and method of administration by which an agent can be given safely.

Phase II trials enroll a larger number of subjects and attempt to establish optimal dosing for a treatment regimen.

Phase III trials involve much larger numbers of subjects and usually take place at several different sites. Phase III trials compare the treatment being tested with a drug or therapy already in use or with a placebo. Participants in the study are assigned to either new treatment or placebo in a randomized fashion. Interim data analysis is accomplished through an independent data safety monitoring board, which is empowered to stop the study should patients in one or more arms of the study fare statistically better or worse than patients in other arms of the study.

Clinical evaluation of therapeutic agents directed against HIV-related morbidity has been underway since shortly after the epidemic was described in 1981. These studies have contributed significantly to the management of patients with HIV infection, and have played a major role in developing a deeper understanding of HIV pathogenesis. Further advances in the clinical management of patients with HIV related morbidity are highly dependent on the continued design and execution of properly drafted clinical trials.

It was recognized by health care providers and community group members that a need existed for better dissemination and coordination of information regarding the purpose and availability of potentially therapeutic agents. A subcommittee of the Governor's Task Force on AIDS, made up of consumers, providers, researchers, and public health officials, was convened to develop guidelines for the formation of a centralized information-base. A survey was performed to obtain specific information regarding clinical trials conducted throughout the Commonwealth.

In May 1989, the Massachusetts Department of Public Health (MDPH) announced the formation of an AIDS Clinical Trials Registry. This registry is a listing of research studies in Massachusetts for adults, children and infants who are infected with HIV and are asymptomatic or who have AIDS-related complex or full blown AIDS. The registry provides information for people affected by HIV and for their primary health care providers, including a statement of purpose of each study, the requirements of enrollment, and the location, names and phone numbers of doctors or nurses who can provide more complete information. This information was computerized and is updated on a regular basis. A key purpose of the registry is to make it easier for individuals, to participate in a clinical trial if they wish to do so. In addition to the registry, a hotline was developed for the purpose of providing up-to-date information regarding the availability of potentially therapeutic agents and the dissemination of information that may be of use to both providers and people with HIV infection. Individuals who are interested in more information can order a complete listing of current trials in Massachusetts by calling: MDPH Clinical Trials Registry, 1-800-443-AIDS or 617 727-0368.

NOTICE:

The HIV Drug Reimbursement Program (HIVDRP) of Massachusetts is accepting applications until September 30, 1989. The program provides reimbursement for AZT, aerosolized pentamidine, and alpha interferon. For more information, or to request an application, call the HIVDRP coordinator, Philip Olander, at 617 727-0368.

CALENDAR

THURSDAY, SEPTEMBER 21 "AIDS and Adolescents: A Frank Discussion", an hour-long TV special designed to educate adolescents about ways to combat their risk of exposure to HIV will air from 7:30 to 8:30 pm on cable television stations This 60 minute educational program features a discussion on AIDS facts, myths, prevention, and sexual behavior between a group of Arlington High School students and Massachusetts Department of Public Health Educator Shoshana Rosenfeld Please consult local cable listings to confirm both the time and the channel of the program.

WEDNESDAY, OCTOBER 4 Adolescent AIDS Networking Breakfast, 9-10 am Club Cafe, Columbus Avenue at East Berkley Street, Boston. To be held the first Wednesday of every month. For more information call Shoshana Rosenfeld (617) 727-0368.

WEDNESDAY, OCTOBER 11 AIDS Networking Breakfast, 8:00 am, Club Cafe Columbus Avenue at East Berkley, Boston. To be held the second Wednesday of every month

SATURDAY, NOVEMBER 11 AIDS/HIV:The Circle of Health Care Conference. Washington, DC. A conference for concerned individuals and professionals, sponsored by Georgetown University Schools of Nursing, Medicine, Dentistry and Law, the Center for Interdisciplinary Research in Immunology and Disease (CIRID) at UCLA, and CIRID at Georgetown. Registration fees: $25 for professionals, $8 for students. For information contact: Cathy Bustillos at Georgetown. (202) 687-4870 Or write to: CIRID at UCLA, c/o M & I, UCLA School of Medicine, Los Angeles,CA 90024-1747, (213) 825-1510.

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